

SMART & BIGGAR*Intellectual Property & Technology Law***To Fax no.:** (571) 273-8300**Page 1 of:** 9**Attention:** Examiner: Sharad K. Rampuria
Group Art Unit 2617P.O. Box 2999, Station D
55 Metcalfe Street, Suite 900
Ottawa, Canada K1P 5Y6Tel.: (613) 232-2486
Fax: (613) 232-8440**From:** SMART & BIGGAR**Your file no.:** 10/815,717**Reply to Ottawa file no.:** 77851-126/jas**Date:** August 22, 2007**Time:****RECEIVED**
CENTRAL FAX CENTER**AUG 22 2007****Certificate of Transmission**I hereby certify that this correspondence is being facsimile
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 77851-126/jas									
Applicant(s): PERIYALWAR, Shalini et al.														
Application No. 10/815,717	Filing Date April 2, 2004	Examiner RAMPURIA, Sharad K.	Customer No. 07380	Group Art Unit 2617	Confirmation No. 9433									
Invention: SYSTEM AND METHOD FOR PEER-TO-PEER COMMUNICATION IN CELLULAR SYSTEMS														
<u>COMMISSIONER FOR PATENTS:</u>					RECEIVED CENTRAL FAX CENTER AUG 22 2007									
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	32 -	34 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-2550 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 Signature			Dated: August 22, 2007											
R. Allan Brett Reg. No. 40,476 Customer No. 07380 Tel. No. (613) 232-2486			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/815,717 Confirmation No. 9433
Applicant : Shalini Periyalwar et al.
Filed : April 2, 2004
TC/A.U. : 2617
Examiner : Sharad K. Rampuria

Docket No. : 77851-126
Customer No. : 07380

Commissioner for Patents
Alexandria, VA 22313-1450
U.S.A.

Dear Sir:

This paper is in response to the Office Action dated May 22, 2007.

Remarks/Arguments begin on page 2 of this paper.